

Piedmont Geriatric Hospital

A LEADER IN GERIATRIC PSYCHIATRY



**Update to the Office of the Inspector General on Recovery
Implementation**

March 2013

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Piedmont Geriatric Hospital has had a successful year in the continued effort to plan and implement systemic changes to make our clinical care increasingly consistent with a Recovery-based philosophy. The following report is intended to serve as an update as to the progress that has been made up to this point. PGH Recovery efforts are rooted in our mission, which is stated below:

The mission of Piedmont Geriatric Hospital is to provide recovery-based services to enable the elderly to thrive in the community.

Organization of the Report

Following an executive summary, this report includes progress updates in six (6) areas highlighted in the original OIG review as compared to the last report submitted in March 2012. The six areas discussed are: Role of Senior Leadership, Workforce Development, Design of the Clinical Record, Treatment Planning, Resident Activities and Opportunities, and Relationship to the Community.

Recovery Operations Committee
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Executive Summary

The Role of Senior Leadership

Piedmont continues to maintain its Recovery-based practice. The Recovery Operations committee (ROC) ensures that hospital practices are carried out in a manner consistent with Recovery principles. Leadership has supported the ROC by serving as ex-officio advisors on the committee, approving (as appropriate) and participating in ROC initiatives, and empowering the committee to carry out its goals.

Workforce Development

Training of new employees on Recovery principles continues. Recovery Training for new employees was updated last year in order to increase its relevancy and interactivity. Recovery knowledge and implementation is reinforced through each discipline's training, documentation, and peer audit processes, and ROC has sponsored staff workshop and webinar opportunities throughout the year. PGH Message Boards have also been used to convey recovery messages and principles.

Design of the Clinical Record

All PGH records continue to utilize the Recovery Treatment Plan document. This format allows us to maintain a high-quality, Recovery-based clinical process. Re-assessment and evaluation of the documented process is ongoing by way of the hospital performance improvement process. Some changes were made to the Recovery Treatment Plan forms to strengthen focus on recovery, define long-term and short-term goals, and to increase holistic perspective and sensitivity to language/cultural needs as well as ease of use. Peer audits within specific disciplines are ongoing.

Treatment Planning

The treatment teams continue to conduct their conferences in the Recovery format. Patients are encouraged to express their recovery preferences and plans. Each team member is expected to promote recovery with individual patients and team conference notes of each discipline are designed to reflect a recovery focus.

Resident Activities and Opportunities

Regular reviews of Authorized Representative and patient surveys regarding the hospital's overall service continue to allow for improvement. Patient responses are very positive regarding the programs offered. The newly-formulated psychosocial rehabilitation program Therapeutic Recovery and Independence Program for Success (TRIPS) started in January 2013 with additional programming choices for patients. Therapeutic groups are conducted by a variety of clinicians and disciplines. Opportunities for patient to express their cultural differences have been provided. Efforts to increase patient opportunities for supervised and unsupervised time outside of the hospital building are ongoing.

Relationship to the Community

Piedmont remains a highly visible and valued component of the state behavioral health system, and is increasingly involved in providing recovery related community education, resources, and general support. Many PGI (Piedmont Geriatric Institute)

workshops are presented to community providers and emphasize a recovery perspective. A revitalized Volunteer Services program has successfully increased community based involvement and opportunities for PGH patients.

The Role of Senior Leadership

Who/What	March 2012 Report	Update for March 2013
<p>Director/CEO – Senior Leadership Team</p>	<p>Continue to reinforce "Recovery" as the hospital culture and support the Recovery Operations Committee in meeting their goals.</p> <p>December 2010--Concluded the Performance Improvement Initiative regarding audits of the medical record for evidence of recovery implementation. Improvements were made in documentation of dialogues “with” the patient instead of “about the patient”. --- March 2012 Complete</p>	<p>Strong support for Recovery and for ROC initiatives is evident throughout PGH leadership. Leadership members encouraged staff volunteers for an ad hoc Recovery Month committee and supported the events. Leadership formally recognized the work of the Recovery Month committee members in an event on 2/29/13. ROC minutes are posted on the intranet portal, and ROC facilitator makes periodic reports to PGH Clinical Director and PGH Clinical Leadership Team.</p>

Who/What	March 2012 Report	Update for March 2013
<p>Recovery Operations Committee (ROC)/ Other Initiatives</p>	<p>One unit conducts monthly group patient-staff meeting to discuss and address patient concerns and recovery goals. All units developed a welcome packet for newly admitted patients and intrahospital transfers.</p> <p>PGH/ROC is supportive of ongoing efforts to maintain recovery awareness and practice every day, and of unit/departmental initiatives to achieve these goals. Two units have implemented Therapeutic Dining programs to allow a less institutional, more normalizing dining experience. A former patient participated in the Patient-Family Summer Gathering event spearheaded by social work department in August 2011 as an example of patient, team, CSB, and community collaboration in recovery and successful discharge.</p> <p>Recovery Readiness Assessment has been discontinued, with each discipline incorporating recovery elements into their team conference notes and ongoing recovery assessment/dialogue by patient and team.</p> <p>All clinical staff are expected to act as recovery coaches and work with patients to meet recovery goals. Recovery training for new employees has been revised to emphasize more relevant and practical information to assist employees in applying recovery principles in their work every day.</p>	<p>Unit group meetings and patient orientation to unit continues. ROC plans to begin a recognition program in spring 2013 to recognize patients who demonstrate a focus on recovery.</p> <p>On one unit, live lunchtime music is provided weekly to promote a calm and therapeutic environment for patients to eat in, encouraging appetite stimulation and reduction of negative behaviors. This has shown an increase in positive interactions between staff and patients during lunch.</p> <p>PGH ROC sponsored a very successful Recovery month in October 2012. There were a number of events for patients and for staff, including Patient Carnival, Recovery Jeopardy, ROC star concert, and annual Bake/Stew/Yard Sale. Throughout these events, recovery principles were highlighted in displays, language, and practice. Staff enjoyed a presentation on implementation of recovery principles in the state hospital setting.</p> <p>Newly revamped psychosocial program titled Therapeutic Recovery and Independence Program for Success (TRIPS) includes a morning “Community Meeting” in which recovery principles are highlighted. TRIPS groups embody recovery principles in their purpose and implementation.</p> <p>Psychosocial Rehabilitation Department sponsored a spring art exhibit featuring patient and staff creations. Patient bell choir and vocal choir also presented a program of “Songs Around the World”. Social Work Department sponsored a program titled “Instilling Hope for the Deaf and Hard of Hearing” in which technologies and services for hard of hearing/deaf were presented.</p> <p>Each discipline continues to incorporate recovery elements into their team conference notes and there is ongoing recovery assessment/dialogue by patient and team. Some changes were made to the format and content of the Recovery Treatment Plan forms. For example, language and religious preferences were specifically added. ROC members trained treatment team staff on the changes, and all old charts were converted to the new forms within the designated time period. Short-term and long-term goals are specifically identified.</p> <p>Hospital Instruction on Recovery-based Clinical Practice was revised and updated by ROC.</p> <p>Recovery training for employees continues to emphasize relevant and practical information to assist employees in applying recovery principles in their daily work. ROC has facilitated Webinar viewings of pertinent recovery-related topics available through SAMSHA’s Recovery to Practice website. The Recovery to Practice online newsletter is transmitted to ROC committee and clinical department heads for viewing and sharing with other staff members.</p>

Who/What	March 2012 Report	Update for March 2013
Recovery Operations Committee (ROC) / Other Initiatives (Continued)	<p>Aggressive Behavior Review Committee--Data has been collected but followup plan was not developed due to more pressing Leadership priorities. May be revisited when resources permit.</p> <p>ROC membership has been streamlined, with permanent core membership and inclusion of adhoc members as needed.</p> <p>New charter being developed as of 2-2012.</p> <p>Patient and staff surveys were completed, and will be used to help define ROC initiatives.</p> <p>Cultural and Linguistic Competency Committee and Patient Privileging Committee are actively developing policies and procedures to ensure person-centered practices are implemented within the facility to meet patient needs in those areas. ROC is available for consultation/support as needed.</p>	<p>PGH message boards have been used to remind patients, staff, and visitors of recovery principles and focus.</p> <p>ROC sponsored a staff workshop on Recovery: Practical Implementation during PGH Recovery Month.</p> <p>Beginning in spring 2013, ROC is planning to implement a recognition program for staff and patients who exemplify recovery principles.</p> <p>No update</p> <p>No change; ROC continues to include representation from clinical departments, risk management, and training.</p> <p>New ROC charter was developed, submitted to Clinical Leadership Team, and approved.</p> <p>Ongoing staff and patient education and experiential initiatives as noted above.</p> <p>PGH has an active Cultural and Linguistic Competency Committee and a renewed commitment to meeting patient's language and cultural needs. Use of telephone interpretation services has increased significantly within the last year as staff become more sensitive to language needs.</p>

Workforce Development

Who/What	March 2012 Report	Update for March 2013
Evaluation survey of staff knowledge of Recovery	<p>Staff survey completed. Results will be utilized by Recovery Operations Committee to define and prioritize training efforts and recovery awareness projects.</p> <p>Recovery training PowerPoint was revised to increase applicability to work environment. Each discipline incorporates recovery elements into team conference notes. Disciplines complete peer review audits of charts.</p>	<p>Discipline-specific peer audits and trainings are completed to ensure and reinforce staff awareness and implementation of recovery-based practice and documentation. Beginning in spring 2013, ROC is planning to implement a recognition program for staff who exemplify recovery principles.</p> <p>Specific Recovery Training is provided to each new employee as part of PGH orientation. Each discipline continues to incorporate recovery elements into team conference notes. Disciplines complete peer review audits of charts.</p>
Ongoing training to staff	<p>All team members are expected to enable recovery in team conferences and individual/group interventions. Patients are encouraged to participate fully in these interactions.</p> <p>Recovery Training has been updated.</p>	<p>2013 No change—See previous sections for details of ongoing efforts in this area.</p> <p>Updated new employee training on recovery continues to be provided to all new employees. Ongoing training opportunities are provided as noted in previous sections of this report, including the following: A staff workshop on implementation of recovery in mental health hospital setting was provided to staff as part of PGH Recovery Month events. Information on recovery, including webinar opportunities, is made available to ROC members and clinical department heads for dissemination to all clinical staff members. PGH Message Boards are used to provide recovery-themed quotations and messages.</p>

Design of the Clinical Record

Who/What	March 2012 Report	Update for March 2013
Conversion of Clinical Record to Recovery Treatment Plan	<p>ROC revised forms to better reflect current practices and ease of use.</p> <p>Peer audits within various disciplines are ongoing.</p>	<p>ROC revised Recovery Treatment Plan forms to better capture cultural aspects, reflect current practices, and increase ease of use. ROC members trained staff on the revisions and all medical records have been converted to the new forms. Individualized short-term and long-term goals are identified in patient plans.</p> <p>No change</p>
Recovery Readiness Assessment	A revised version was in use, but further study led to the discontinuation of the Recovery Readiness Assessment and recommendation that each discipline incorporate recovery section into team conference notes.	No change—each discipline’s team conference notes reflect recovery focus.

Treatment Planning

Who/What	March 2012 Report	Update for March 2013
Recovery Coaches	New “Recovery Coaches” are no longer being trained. Rather, each new employee is trained to view him or her self as an active enabler of each patient’s individual recovery process.	Designated “Recovery Coaches” are no longer utilized for every patient. Each employee is expected to foster recovery in all patient interactions in order to enable each patient’s individual recovery process.
Evaluation of Recovery Treatment Team	Completed	Each unit-based recovery treatment team strives to empower all clinical disciplines as well as patients in the team process.

Resident Activities and Opportunities

Who/What	March 2012 Report	Update for March 2013
Recovery Week/Recovery Focus	Recovery week was not celebrated separately this year. Throughout the year, patient preferences are addressed when planning therapeutic, leisure, and supportive group activities. Increased community outings, walking, exercise, and outside activities have been attempted in response to patient requests. Patient Council is another venue in which patients are encouraged to voice concerns and requests, and is attended by representatives of multiple facility departments, including administration, safety, dietary, physical plant, as well as clinical. Mechanisms are in place to ensure that patient concerns are addressed and reported back to the patient group.	Recovery Month was celebrated throughout October with a series of special events, including Patient Carnival, Recovery Jeopardy, ROC star concert, staff workshop on recovery implementation, and annual Bake/Stew/Yard Sale. Throughout these events, recovery principles were highlighted in displays, language, and practice. Patient preferences are addressed when planning therapeutic, leisure, and supportive group activities throughout the year. There are continued efforts to increase community outings, (to the community library, different restaurants, a train display, etc.), walking, exercise, and outside activities in response to patient requests. Patient Council continues to provide opportunities for patients to voice concerns and requests, and continues to be well-attended by representatives of multiple facility departments, including administration, safety, dietary, physical plant, as well as clinical. Mechanisms are in place to ensure that patient concerns are followed up and reported back to the Council or appropriate patient/group.
Family and patient surveys distributed annually and upon discharge	<p>Patient satisfaction surveys (overall satisfaction with PGH services). No changes. Annual Survey conducted in May 2011.</p> <p>AR satisfaction surveys--Discharged patients and AR's of discharged patients satisfaction surveys reviewed semi-annually.</p>	<p>Annual survey conducted in spring 2012. ROC also did a followup survey on patient safety as a result of the annual survey. Results of both surveys were reported to Clinical Leadership Team or Clinical Director.</p> <p>No change. Any issues are addressed.</p>

Who/What	March 2012 Report	Update for March 2013
Recovery Programming	<p>Dec 2010--Programs reformatted as planned. The programs continue the Recovery process and include but not limited to Wellness, Discharge Readiness, Coping Strategies, Medication Management and Symptom Recognition. March 2012-- Unchanged.</p> <p>Recovery Afternoon Program (RAP) continues with great success. Focus remains on recovery and skill development for successful discharge. RAP continues to provide patients with an increasing variety of choices and group experiences from an increased pool of clinicians and disciplines.</p>	<p>Integrated psychosocial rehabilitation program has been designed, with continued emphasis on recovery elements and involvement of all clinical disciplines. Therapeutic Recovery and Independence Program for Success (TRIPS) psychosocial program launched in January 2013 and has been well received.</p> <p>New integrated program (TRIPS) includes both morning and afternoon programming. All therapeutic groups in the program are designed to address one of the following Comprehensive Program Goals:</p> <ol style="list-style-type: none"> 1. To assist patients to develop and improve social skills that enable them to more effectively participate in their recovery treatment process and build healthy relationships. <i>(Social Interaction Focus)</i> 2. To provide opportunities for patients to develop and exercise appropriate leisure and coping skills. <i>(Coping and Leisure Skills Focus)</i> 3. To empower patients through improved communication with staff as well as education about the treatment and discharge processes and other policies and procedures that impact patients directly. <i>(Empowerment Focus)</i> 4. To assist patients to increase their awareness and understanding of their physical, mental, and emotional health needs and their responsibility in managing them. <i>(Health Awareness and Management Focus)</i> 5. To provide opportunities for patients to reflect on their experiences and engage in meaning-making, as well as support them in nurturing their own spirituality. <i>(Spirituality Focus)</i> 6. To prepare patients for return to the community through education about community resources and opportunities for engagement through outings and special events. <i>(Community Engagement Focus)</i>

Relationship to the Community

Who/What	March 2012 Report	Update for March 2013
<p>ROC, PGH Social Work Dept, Piedmont Geriatric Institute</p>	<p>ROC continues to actively promote culture of recovery within PGH.</p> <p>A news letter for the community is published twice a year "Piedmont Family Connection".</p> <p>Two patients have been actively involved in community day programming during the past year, one has since been discharged.</p>	<p>Unchanged</p> <p>Family Connection continues to publish twice yearly. Theme for the spring-summer 2012 issue was the "Recovery Movement in Mental Health". Family-patient events are held twice yearly.</p> <p>Piedmont Geriatric Institute (PGI) continues to conduct workshops for community based facilities and agencies. A recovery perspective is integral to these workshops.</p> <p>The patient chose to discontinue community-based day programming. Some patients had the opportunity to attend Autumn Games in Lynchburg in September. There they participated in different sporting events and had the opportunity to display team spirit as well as support for other state hospital teams. Sacred Heart, a local church, provided a home-made Thanksgiving meal for 20 patients. The patients were able to go out into the community to the church for the meal. They engaged in a sing-along as well as enjoyed a wonderful time of fellowship and socialization.</p> <p>Reactivated Volunteer Services program has expanded community outreach and involvement from individuals and organizations who donated time, money, or goods to various projects to benefit patients. Since June 2012, 21 volunteers gave more than 262 hrs of service, by volunteering in the clothing room, music therapy, Operation Santa Claus, ice cream socials, yard sale, library, patient visits, etc. One noteworthy program was an adoption program for our patients. Ornaments were created and distributed to those who wished to purchase personally requested gifts, resulting in 98% of our patients being adopted and receiving special gifts on Christmas Eve. Volunteer Services sponsored the annual stew/yard/bake sale, enjoyed by patients and staff, hosted the "Now and Then Dances" and a car/truck show, sold poinsettias to the community, and arranged for donations of art work for the carnival, valentine's cards from church and school groups, and magazines, among other things.</p>